



TRICARE Management Activity Data Sharing Agreement – Renewal Request

Internal Use Only
DSAA #:

This template is for the sole purpose of **renewing** an executed Data Sharing Agreement (“DSA”) that incorporates an approved Data Sharing Agreement Application (“DSAA”). For new data requests, please submit a new DSAA. Questions about completing this template can be directed to the TMA Privacy and Civil Liberties Office (“Privacy Office”) at DSA.mail@tma.osd.mil.

Transition Requirement: The Privacy Office is in the process of implementing its new Data Sharing Restructuring Initiative and new templates.

- **To renew a previously approved Data Use Agreement (DUA),** Applicant / Recipient and Government Sponsor must take the following three steps:



1. Complete and attach a DSAA, located at the web link below, to this Renewal Request template

<http://www.tricare.mil/tma/privacy/Templates.aspx>

2. Indicate the current DUA number below

Current DUA # here: _____

3. Submit this Renewal Template with an attached DSAA to the Privacy Office (No signatures are required on this template)


- **To renew a DSA (which incorporates an approved DSAA),** complete the remainder of this template and obtain the required signatures

Data Sharing Agreement – Renewal Request, Last Update 6/1/11

TMA Privacy and Civil Liberties Office * 5111 Leesburg Pike * Suite 810 * Falls Church, VA * 22041

www.tricare.osd.mil/tmaprivacy

**COMPLETE THE REMAINDER OF THIS TEMPLATE TO
RENEW A DSA THAT INCORPORATES A DSAA**

DSA Number	
Contract / Grant / Cooperative Research and Development Agreement (“CRADA”) / Other Project Number or Tracking Number (as applicable)	
Contract / Grant / CRADA / Other Project Name	
Current Option Year Period of Performance Dates	
Expiration Date of Contract / Grant / CRADA / Other Project	
<p>Check <u>only one</u> of the certifications below that applies to this Renewal Request:</p> <p><input type="checkbox"/> We hereby certify that there are no changes in our DSA or its incorporated DSAA. We request that our DSA be renewed for another year.</p> <p><input type="checkbox"/> We hereby certify that the only change to our DSA is a Change of Applicant / Recipient or a Change of Government Sponsor. We have attached to this Renewal Request the appropriate template to change the Applicant / Recipient or Government Sponsor. We request that our DSA be renewed for another year.</p> <p><input type="checkbox"/> We hereby certify that there are changes in the DSA, however, these changes are <u>not substantive changes</u> (i.e., a change in our current option year, street address, or email address). We have listed non-substantive changes in detail on Appendix A to this Renewal Request template. We request that our DSA be renewed for another year. [Appendix A must be completed]</p> <p><input type="checkbox"/> We hereby certify that there are <u>substantive changes</u> (i.e., a change in the purpose of the data request or a change in the data flow, use and/or management of the data) in our DSA. We are attaching an updated DSAA and understand that once it is approved a new DSA must be executed.</p>	
	<p>Questions should be directed to DSA.mail@tma.osd.mil for further assistance.</p> <p>Notice: The Privacy Office reserves the right to require completion of a DSAA should it determine that the non-substantive changes listed in Appendix A actually represent substantive changes.</p>

By signing below, we acknowledge that the information above is truthful and accurate. We further attest that we are authorized to sign this renewal request template on behalf of our respective organizations.

Applicant / Recipient

Government Sponsor

Signature

Signature

Printed Name

Printed Name

Rank/Title

Rank/Title

Date

Date

Internal Use Only

DSA # _____

Upon review of this DSA – Renewal Request, the following finding is made:

- ☐ **Applicant / Recipient and Government Sponsor certify that there are no changes to their DSA. This DSA – Renewal Request is APPROVED. [Indicate new expiration date below.]**
- ☐ **The only change to the DSA is a Change of Applicant / Recipient or a Change of Government Sponsor and the appropriate change template was received and processed. This DSA – Renewal Request is APPROVED. [Indicate new expiration date below.]**
- ☐ **Non-substantive changes on Appendix A have been reviewed and are accepted. This DSA – Renewal Request is APPROVED. [Indicate new expiration date below.]**

Signature: _____
Director, TMA Privacy and Civil Liberties Office

Date: _____

For APPROVED Renewals:

Current Expiration Date of DSA: _____

New Expiration Date with renewal: _____

- ☐ **Changes listed in Appendix A require the need for a new DSAA. Applicant / Recipient and Government Sponsor will be notified of the need to complete and submit a new DSAA for review.**
- ☐ **Substantive changes are indicated and a new DSAA is being processed.**

Signature: _____
Data Sharing Officer, TMA Privacy and Civil Liberties Office

Date: _____

Follow-up with Applicant / Recipient and Government Sponsor with above finding(s).

APPENDIX A

List of Non-Substantive Changes

Section / Subsection in the DSAA	Updated Information
<i>EXAMPLES</i>	<i>EXAMPLES</i>
<i>Section 1a</i>	<i>Applicant's Street Address is now 324 Blueberry Drive, Midland, MD, 21042</i>
<i>Section 1b</i>	<i>New phone number for Government Sponsor: 703-111-2222</i>
<i>Section 2</i>	<i>Current Option Year Period of Performance Dates are now 4/1/10 through 4/1/11</i>